

The Ulster Medical Journal

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THE ULSTER MEDICAL JOURNAL

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1. Authors are reminded that concise and clearly expressed papers are those most welcomed by readers and the Editorial Board.
2. Manuscripts should be typewritten in double spacing, with wide margins. They should be fully corrected and alterations in proof may be disallowed or charged to the author. A sample typescript showing layout is available on request from the editorial office.
3. The text should indicate the purpose of the paper, and should include an introduction, sections on materials and methods, results, and a discussion relevant to the findings. A brief factual summary should be provided at the beginning of the paper.
4. Scientific measurements should be in SI units (*Units, symbols and abbreviations; a guide for biological and medical editors and authors*, 3rd ed. London: Royal Society of Medicine, 1977). Blood pressure may be expressed in mmHg and haemoglobin concentration as g/dl.
5. Tables must be kept simple and vertical lines should be avoided. Tables and illustrations must be kept to a minimum and data should not be given in both text and tables. Line drawings should be used where possible and symbols must be large enough to be legible when reduced to text size. Where possible, size of illustrations and tables should be planned so that one or more can easily fit the page size of 20 × 12.5 cm. Photographs and other illustrations should be unmounted, and authors may be charged for these at cost price. Authors' names and the top of the figure should be marked in soft pencil on the back.
6. References should be restricted to those really necessary and useful. This journal uses the 'Vancouver' style (see British Medical Journal 1982; 1: 1766-70 and Lancet 1979; 1: 429-30). Text references are numerical. Each reference should include:
 - i) a list of all authors when six or less (when seven or more only the first three should be listed followed by *et al*).
 - ii) the title of the article.
 - iii) the title of the journal (abbreviated to the form published by Index Medicus).
 - iv) the year;
 - v) volume number;
 - vi) first and last pages.

eg
McCoy GF, Dilworth GR, Yeates HA. The treatment of trochanteric fractures of the femur by the Ender method. *Ulster Med J* 1983; 52: 136-41.

Book references should give the author, title, edition, town of publication, name of publisher, year of publication, and, where appropriate, volume and page numbers.
7. Orders for reprints must be made direct to the printers. Reprints must be paid for by the author; the cost can be obtained from the printer in advance.
8. Editorial communications should be sent direct to the Editor who will be pleased to advise on the preparation of manuscripts if requested.

Fellows and Members of the Ulster Medical Society receive the Journal free. Individuals may subscribe directly (see back page). The journal contents are covered by *Current Contents: Clinical Practice*, *Index Medicus*, *Excerpta Medica* and *Science Citation Index*. This publication is available in microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, Michigan 48106, USA.

sacrificed a lot of his leisure time to the preparation of this book and it deserves to become the logical successor to *Physics for the anaesthetist* by Sir Robert McIntosh. I can highly recommend it to anaesthetists of all grades, theatre and intensive care technicians and nurses.

DLC

Orthopaedics and trauma. Edited by S P F Hughes. (pp 118. Illustrated. £19.95). London: Baillière Tindall, 1985. (Current operative surgery).

It is a pleasure to receive this book for review and I cannot imagine that any orthopaedic specialist would think otherwise.

Professor Hughes and the publishers have amply fulfilled their remit in selecting, from established experts in their fields, a wide spectrum in current orthopaedic operative technology. That super-specialisation is inevitable is well demonstrated and it would be virtually impossible for any reader to evaluate each and every chapter critically from personal experience. Some chapters may even incur frank hostility!

That each team of orthopaedic surgeons (and we do work in teams) will require a copy is certain. It will be simply devoured by those in training with an appetite for further knowledge and innovative technology. The layout and standard of production is excellent, with a slight lapse in proof-reading at the word 'neoplasm'. The diagrams relating to operative technique are exceptionally clear and pleasing, the radiographs only occasionally indistinct, and clinical photographs are restricted, as (though restful to readers) they are seldom instructive. This excellent and varied collection of specialist articles is well worth the price and will find its way on to many individual bookshelves and into every departmental orthopaedic reading room — my own copy is already on its way there.

PO

Blood transfusion and blood banking. Guest editor, William L Bayer. (pp 306. £13.75). London: Saunders, 1984. (Clinics in haematology, vol 13, no 1).

During the past few years there has been a very marked change in the pattern of blood transfusion therapy. Thus, whereas requirements for red cells have remained fairly constant, the usage of various blood components has increased enormously. The many developments in blood component therapy are well reflected in this volume of *Clinics in haematology*. The book comprises a series of review articles, mostly of North American authorship but also including a substantial input from the U.K. Most of the articles are directed towards haematologists and transfusion specialists, so that transfusion support in haematological malignancies, congenital coagulation disorders and haemolytic anaemias are each very fully covered by well established experts. Major omissions include the management of haemorrhage, acquired coagulation disorders and transfusion support of intensive care patients. Some parts will be of interest outside haematology and in this respect I particularly enjoyed the chapter on the clinical use of immunoglobulins. This growing field is very well reviewed by workers from Edinburgh who are actively involved in the development as well as clinical assessment of new immunoglobulins.

Another rapidly expanding area of transfusion medicine involves the use of apheresis techniques for therapeutic purposes and also for collection of blood components from donors. Both aspects of apheresis are discussed very fully in separate chapters, each extensively referenced. Description of the side effects of transfusion therapy is limited to one chapter on transfusion-related infections. The latter is disappointing because, while transfusion transmitted cytomegalovirus infection is discussed at great length, reflecting the interests of the authors, the more important areas of AIDS and particularly non-A non-B hepatitis are dealt with rather sketchily. In the case of AIDS, much of the information is unavoidably obsolete, having been written before the discovery of HTLV III as the causative agent.

WMMCC

Acknowledgements

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THE ULSTER MEDICAL SOCIETY

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If you are not a member of the Ulster Medical Society, we would appeal to you to give the question of joining your consideration. The Society has been in existence since 1862 (and is the direct descendant of the Belfast Medical Society founded in 1806), and has always been active in keeping its members interested in the advances in medical science. Meetings are held at intervals of a fortnight during the winter months, and papers are contributed by members and distinguished guests. Facilities are provided for doctors to meet informally afterwards, and have a cup of tea. *The Ulster Medical Journal, the official organ of the Society, is issued to all Fellows and Members free of charge.* The Society is now housed in its own rooms in the Whitla Medical Building of Queen's University at 97 Lisburn Road (replacing the Whitla Medical Institute which had to be vacated in 1965).

May we, therefore, appeal to you to join the Ulster Medical Society, and so enable us to widen its influence and sphere of usefulness still further? A proposal form is appended; your proposer and seconder must be Fellows of the Society. If you do not know any Fellows please contact the Honorary Secretary. All persons registered as medical practitioners under the Medical Act shall be eligible for election as members of the Society (Constitution, Section VI). Temporary membership may be allowed at the discretion of the Council.

If you do not wish to become a member of the Society, will you consider entering your name as a subscriber to *The Ulster Medical Journal*? The subscription is £5.00 per annum, payable in advance to the Honorary Treasurer.

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ULSTER MEDICAL SOCIETY.

..... 19

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Name of Candidate

Postal Address

.....

Year of Qualification and Degrees

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Signature of Proposer

Signature of Seconder

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